

**LNMP Dairy Registration** 

PO Box 42560

**Department of Agriculture** 

Mail to:

Washington State Department of Agriculture Livestock Nutrient Management Program PO Box 42560 Olympia WA 98504-2560 (360) 902-1982

## Dairy Nutrient Management Act New Dairy Registration

Every dairy producer licensed after September 1, 1998, must register with WSDA within 60 days of licensing. The purpose of this registration is to provide and update baseline information for the dairy nutrient management program.

FAX:

Email:

(360) 902-2000

Date

Cmasters@agr.wa.gov

Olympia, WA 98504-2560 Name of Dairy \_\_\_\_\_ Milk Producer License number (from Dept of Agriculture) UBI Number (i.e. "601 000 000" from business license) Operator Name (First / Last) Mailing address for dairy \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_ Phone ( ) Alternate Phone ( ) In 2010, would you prefer to receive a fillable version of this form via e-mail? □ No (if yes, please provide e-mail address below) Email address \_\_\_ Landowner Name \_\_\_\_\_ Location address for dairy City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_ County \_\_\_\_ Number of milking stock \_\_\_\_\_ Number of dry stock \_\_\_\_\_ Number of heifers \_\_\_\_\_\_ (6 months to milking) Number of calves \_\_\_\_\_\_ (0 to 6 months) Acres available for manure and wastewater application Number of acres owned \_\_\_\_\_ Number of acres rented or leased \_\_\_\_\_ To be filled out by person completing the registration form: I certify this document was prepared by myself or under my direction in a manner to assure qualified individuals gathered the information. I further certify, that based upon my discussion with the persons responsible for gathering the information, it is to the best of my knowledge and belief, true, accurate and complete. Title Name (print)